

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 OCT -8 PM 4:05

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Elizabeth Dole Committee, Inc.

ADDRESS (number and street) ▼

PO Box 97275

☐ Check if different than previously reported. (ACC)

Raleigh

NC

27624

2. FEC IDENTIFICATION NUMBER ▼

C00369140

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y
07 / 01 / 2014M M / D D / Y Y Y Y Y
07 / 01 / 2014M M / D D / Y Y Y Y Y
07 / 01 / 2014

through

M M / D D / Y Y Y Y Y
09 / 30 / 2014M M / D D / Y Y Y Y Y
09 / 30 / 2014M M / D D / Y Y Y Y Y
09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent D. Barringer

Signature of Treasurer Brent D. Barringer

Date

M M / D D / Y Y Y Y Y
10 / 01 / 2014M M / D D / Y Y Y Y Y
10 / 01 / 2014M M / D D / Y Y Y Y Y
10 / 01 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)